

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLING DATE**

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP						
1					51	/				
2					52	/				
3					53	/				
4					54	/				
5					55	/				
6					56	/				
7					57	/				
8					58	/				
9					59	/				
10					60	/				
11					61	/				
12					62	/				
13					63	/				
14					64	/				
15					65	/				
16					66	/				
17					67	/				
18					68	/				
19					69	/				
20					70	/				
21					71	/				
22					72	/				
23					73	/				
24					74	/				
25					75	/				
26					76	/				
27					77	/				
28					78	/				
29					79	/				
30					80	/				
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49	/	/			99					
50					100					
TOTAL IND.					TOTAL IND.	3				
TOTAL DEP.					TOTAL DEP.	29				
TOTAL CLAIMS					TOTAL CLAIMS	32				